Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMIT 211 S FIFTH STREET ADDRESS (number and street) (Check if address is changed) **COLUMBUS** 43215 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS clay@ohiogop.org (Check if address is changed) Optional Second E-Mail Address claymorris@claymorris.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.ohiogop.org (Check if address is changed) DATE 2022 C00162339 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. JOHNSON, DAVID, , , Type or Print Name of Treasurer JOHNSON, DAVID, , , [Electronically Filed] 08 15 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the ca	andidate information below.)
(b) This committee is an authorized committee, and is NOT a principal information below.)	campaign committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House	Senate President District
(c) This committee supports/opposes only one candidate, and is NOT a	an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) committee of the state	(Democratic, he REP Republican, etc.) Party
or substantially sommittee of the	Tiopublican, Cic., Farty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected o	rganization on line 6.) Its connected organization is a:
Corporation Corporation w/o Cap	bital Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify s	sponsor on line 6)
_	
(g) This committee is an independent expenditure-only political committee	ee (Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and no	on-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	d dishurasa not nuosaada far tura ar mara palitical
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized con	·
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee	·
Committees Participating in Joint Fundraiser	
1.	C

Title or Position ▼

TREASURER

	_		
	FEC Form 1 (Revised 0	02/2009)	Page 3
W	/rite or Type Committee Name		
	OHIO REPUBLIO	CAN PARTY STATE CENTRAL & EXECUTIVE CO	MMITTEE
6.	Name of Any Connected O TRUMP VICTORY	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
	Mailing Address	138 CONANT STREET	
		2ND FLOOR	
		BEVERLY MA 01915	-
		CITY ▲ STATE ▲ Z	ZIP CODE ▲
	Relationship: Connected		eadership PAC Spons
	Ticiationismp.	Juliaco Organization P South Fundationing Proprocentative	addroing 1710 Opono.
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possessio	n of committee
		N. 1. 701	
	Full Name MORRIS, C	CLAYTON, , ,	
		₁ 211 S FIFTH ST	
	Mailing Address		
		COLUMBUS OH 43215	
		CITY ▲ STATE ▲ Z	ZIP CODE ▲
	Title or Position ▼		
	coo		28 - 2481
		iotophone names.	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	ne and address of
	Full Name JOHNSON	. DAVID	
	of Treasurer	 	
	Mailing Address	211 S FIFTH ST	
		1	
		COLUMBUS OH 43215	

CITY A

ZIP CODE ▲

2481

228

STATE lacktriangle

Telephone number

614

FEC Form 1	(Revised 02/2009)		 Page 4
Full Name of Designated Agent	MORRIS, CLAYTON, , ,		
Mailing Address	211 S FIFTH ST		
	COLUMBUS	OH	43215
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
COO	Telephone n	umber	614 - 228 - 2481
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committees or maintains funds.	ttee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVE		
	MCLEAN	Ŭ VA □	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	THE HUNTINGTON NATIONAL BANK	1 1 1 1	
Mailing Address	17 S HIGH ST		
	COLUMBUS	OH	43215
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** ______

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
FRANKLIN COU	NTY REPUBLICAN PARTY FEDERA	AL ACCOUNT	
Mailing Address	15 NORTH FOURTH STREET		
	COLUMBUS	OH	43215
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	ed Organization Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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FEC Form 1S (Revised 02/2017)

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(h). Joint Fundraisir	3		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponso
ILI OBLICANTI	VANGE COMMITTEE OF TRAMETOR		
Mailing Address	430 READING RD., STE. 201		
	CINCINNATI	OH	45202
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Spo
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spo
Pesignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE A ephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE A ephone Number he committee deposit	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE A ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page _____ **of** ______

5(a)	or(h). Joint Fundraisin	a Participant		
5(<u>y</u>)	1	y Farticipant.	FEC ID number	C
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.			
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra		
	Mailing Address	1500 WEST THIRD STREET		
		SUITE 120		
		CLEVELAND	OH	44113
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8. 9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tel Ties: List all banks or other depositories in which t	ephone Number	
	Full Name	CITY A Tel Ties: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical mathematical stress of the position of Bank,	CITY A Tel Ties: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel Ties: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel Ties: List all banks or other depositories in which t	ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:			
1.		FEC ID	number	C
2.		FEC ID	number	C
3.		FEC ID	number	С
4.		FEC ID	number	С
	l Organization, Affiliated Committee, Joir	t Fundraising Repr	esentative,	or Leadership PAC Spor
STARK COUNTY	/ REPUBLICAN PARTY			
Mailing Address	2729 FULTON DR NW			
	CANTON		OH	44718
Relationship:	CITY ▲	:	STATE A	ZIP CODE ▲
Connecte	ed Organization	Joint Fundraising	Representat	ive Leadership PAC S
	fy by name, address (phone number - opti	,		
Full Name				
Mailing Address				
	CITY A		TATE A	ZIP CODE A
Mailing Address	CITY A		ATE A	
Mailing Address TITLE OR POSITION	CITY ▲ Ories: List all banks or other depositories in	S ⁻ Telephone Nur	TATE ▲	ZIP CODE A
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Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	CITY ▲ Ories: List all banks or other depositories in	S ⁻ Telephone Nur	TATE ▲	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ Ories: List all banks or other depositories in	S ⁻ Telephone Nur	TATE ▲	ZIP CODE A

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5(g)	or(h). Joint Fundraisin	g Participant:	FF0 ID	C
	1		FEC ID number	
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	4130 LINDEN AVE		
		STE 190		
		DAYTON	OH	45432
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		•		
) .	Mailing Address TITLE OR POSITION	Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
) .	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	or(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number
	4.		FEC ID number
6.		Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 643	
		SIDNEY	, OH , 45365
	Deletionalia		
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint Fi	undraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		1	phone Number
	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ies: List all banks or other depositories in which the intains funds.	e committee deposits funds, holds accounts, rents
	Mailing Address	1	
	Mailing Address		
			. . .
		CITY ▲	STATE ▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr		
ASHTABULA COL	JNTY REPUBLICAN PARTY - FEDE	ERAL ACCOUN	「
Mailing Address	PO BOX 265		
	JEFFERSON	, , OH	44047
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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ı		_	n, Affiliated Committee, Jo BLICAN PARTY EXI			e, or Leadership PAC Sponsor
		3431 PRI	NCETON RD SUITE 100			
	Mailing Address	343111(11	VOLTON KD GOTTE 100			
		HAMILTO	ini		, , OH ,	45011
	Relationship:	HAMILIO	CITY A		STATE A	ZIP CODE ▲
				П	ndraising Represent	
	Connected	a Organization				
_	Connected	d Organization				
-			ddress (phone number – c			
-						
-	Designated Agent: Identify					
-	Designated Agent: Identify					
-	Designated Agent: Identify					
-	Designated Agent: Identify Full Name Mailing Address	by name, and			STATE A	ZIP CODE A
- 1	Designated Agent: Identify	by name, and	ddress (phone number – c	optional)		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ries: List all bank	as or other depositories in w	Telephone Numbe		
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all bank	ss or other depositories in w	·		
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all bank	as or other depositories in w	·		
Banks or Other Deposito safety deposit boxes or ma	ries: List all bank	ss or other depositories in w	·		
TITLE OR POSITION	▼		Telephone Numbe	, <u> </u>	
TITLE OR POSITION	▼				
		CITY A	STATE	A	ZIP CODE ▲
		1 1 1 1 1 1 1 1			
Mailing Address					
Full Name	y by name, addre	ss (phone number – optiona	ai)	1 1 1 1 1	
	d Organization		Joint Fundraising Repo	resentative	Leadership PAC Spo
Relationship:		CITY ▲		TE ▲	ZIP CODE ▲
	ATHENS				605
	STE 101				
Mailing Address	824 S MILLED	GE AVE			
Name of Any Connected CAREY VICTOR		ffiliated Committee, Joint F	undraising Represer	ntative, or Lea	ndership PAC Sponso
4.			FEC ID num	nber C	
			FEC ID num		
3			FEC ID num		
2			_		

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h

Page ____ **of** _____

by name, address (phone number – optional) CITY es: List all banks or other depositories in whith tains funds.	STATE Telephone Number	ZIP CODE A s funds, holds accounts, rents
CITY A es: List all banks or other depositories in white	STATE Telephone Number	
CITY A es: List all banks or other depositories in white	STATE Telephone Number	
CITY A es: List all banks or other depositories in white	STATE Telephone Number	
CITY A es: List all banks or other depositories in white	STATE Telephone Number	
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CITY A	STATE A	ZIP CODE A
CITY A		ZIP CODE A
by name, address (phone number – optional)		
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Organization Affiliated Committee July July July July July July July July	DINT Fundraising Representa	Leadership PAC Spo
		ZIP CODE ▲
		20824
PO BOX 30844		
	ndraising Representative	e, or Leadership PAC Sponso
		C
		C
		C
- -	PO BOX 30844 BETHESDA CITY	FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number FEC ID number